SPRINGDALE FIRE DEPARTMENT
Fire Prevention Division
Fire Alarm Acceptance Test Form

Occupancy Name:_____ Date:_____
Address:_____ Phone #:_____
Installing Contractor:_____ Phone #:_____
System Manufacturer:_____ Model:_____
Inspector:_____

1. Alarm Panel

Is the fire alarm panel accessible	YES	NO	N\A
Is a smoke alarm present	YES	NO	N\A
Is a remote enunciator panel located in the building	YES	NO	N\A
If yes, location(s):_____			
Are phone lines present and in service	YES	NO	N\A
Is a zone map or index present, if necessary	YES	NO	N\A

2. Offsite Monitoring Company & Contact Information:
Company Name:_____
Address:_____
Phone Number:_____

3. Initiating Devices

Does the panel monitor valve tamper	YES	NO	N\A
If yes, number of tamper switches present	_____		N\A
Did the devices send the proper signal to the panel	YES	NO	N\A
Does the panel monitor sprinkler water flow switches	YES	NO	N\A
If yes, number of flow switches	_____		
Flow switch activation times #1_____ #2_____ #3_____ #4_____			
Did all of the pull stations activate an alarm	YES	NO	N\A

4. Signaling Devices

Did horn strobes activate	YES	NO	N\A
Did strobes activate	YES	NO	N\A

5. Ancillary Devices

Are magnetic hold open devices present	YES	NO	N\A
If present, did the devices operate properly	YES	NO	N\A
Was the system placed back in service	YES	NO	N\A

Check the systems monitored by the fire alarm system:
- ? Automatic Sprinkler
- ? Wet Chemical Extinguishing System
- ? Dry Chemical Extinguishing System
- ? Security System
- ? Fire Pump
- ? Standpipe System
- ? HVAC Smoke System
- ? Other Systems (specify):_____